



WA State Dept. of Health
Immunization Program

Immunization Update

July 2001

N.O.I.S.E.

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This is a new section for the newsletter. ***N.O.I.S.E. stands for News of Immunization Statewide Events.*** This is a place where we will highlight activities, projects, lessons learned, etc. from around the state. We hope that you will submit information for this section to share with your counterparts around the state. We will also highlight things we hear about from our interactions with you as well. These can be things that you are doing or are partnering with others to do (like the one we are highlighting this issue). Please submit your information to Cindy at cindy.gleason@doh.wa.gov.

Cowlitz County 100% For Children Project

The mission of this project was to mobilize the community so that every child is fully immunized by age two. The partners involved were Parents Place, the Child and Adolescent Clinic, Convenient Healthcare, Cowlitz County Health Dept., Family Health Center, Kaiser Permanente, PeaceHealth, and the Pediatric Clinic. Funding was provided from a couple of foundations as well as several Rotary groups.

Providers agreed to make immunizations a priority by reminding parents both at visits and using project postcards. In addition, Parents Place staff would call and visit families who were falling behind on immunizations to help assess and overcome barriers.

Successes:

- Raised the local immunization rates from 55% to 91%.
- 1,738 children became up-to-date on all shots recommended for their age after Project intervention. Many more have received some immunizations and are on their way to becoming fully protected.

To learn more about this project, call Les Monroe at the Cowlitz County health Department.

CHILD Profile in transition

The Department of Health has accepted the June 28, 2001 recommendation of the CHILD Profile governing Board to assume management and administrative responsibility, and accountability for the statewide CHILD Profile immunization registry and health promotion system. DOH will be leading a planning process to transition the responsibility for the CHILD Profile immunization registry and health promotion system to DOH. DOH plans to assume responsibility for the continued operations of the programs of CHILD Profile by 1/1/02 using available resources.

Influenza News

The Immunization Program is working towards maintaining the most current influenza information on our web site. In addition, nationally, the CDC has a comprehensive flu site. You can find it at www.cdc.gov/nip/flu.

The latest Flu Bulletin from CDC is enclosed with this newsletter.

Hepatitis News

Hepatitis B Surface Antigen (HBsAg) Positivity During Pregnancy

Identification and reporting of HBsAg-positive mothers from private providers to local health jurisdictions is one strategy designed to prevent perinatal hepatitis B in Washington State. Increased reporting by providers will improve identification of infants born to these mothers, thereby assuring that appropriate post-exposure prophylaxis is provided to prevent the high risk of perinatally acquired hepatitis B infection.

The Immunization Program has submitted an article to the Washington State Obstetrics (OB) Association letting OB providers know of the new requirement to report HBsAg-positive pregnant women during each pregnancy (please see attached article). Please contact Trang Kuss at (360) 236-3555 if you have any questions about the new reportable condition.

New Combination Hepatitis A and B Vaccine (Twinrix)

A new vaccine that combines both hepatitis A and B vaccines is now being manufactured by GlaxoSmithKline. The trade name is Twinrix.

Indications and Usage: the vaccine is licensed for adults ages 18 and older. Twinrix is indicated for adults at high risk for both hepatitis A and B infections, and may include travelers, persons with chronic liver disease including hepatitis C, men who have sex with men, and injection drug users.

Dosage: contains the antigenic components used in producing Havrix and Engerix-B. A 1.0 mL dose of vaccine contains 720 Elisa Units of inactivated hepatitis A virus and 20 mcg of recombinant HBsAg protein.

The Department of Health Immunization Program will not be supplying Twinrix since Washington State is currently placing a priority on universal routine childhood immunization.

For more information, contact Trang Kuss (360-236-3555) or Beth Hines (360-236-3556).

New Morbidity and Mortality Weekly Report (MMWR) Articles on Hepatitis B and Hepatitis C:

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Hepatitis B Outbreak in a State Correctional Facility, 2000
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5025a1.htm>

Prevalence of Hepatitis C Virus Infection Among Clients of HIV Counseling and Testing Sites
--- Connecticut, 1999
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5027a2.htm>

Education

A new video – Vaccines: Separating Fact from Fear developed by the Vaccine Education Center at The Children's Hospital of Philadelphia is now available for you to borrow from us. Please email Cindy at cindy.gleason@doh.wa.gov if you want to borrow this excellent video. The tape is designed for parents who are considering not giving their children one or more of the recommended vaccines. It includes vaccine facts as well as real life stories from parents.

New Materials at Distribution Center

- The new **PCV7 VIS** is now available as well as the updated **hepatitis B VIS**. You may order from the distribution as usual or you can get a camera-ready copy off the National Immunization Program website at <http://www.cdc.gov/nip/publications/VIS/default.htm>.

Upcoming/ongoing events

Regional Trainings

The Immunization Program is planning regional trainings in Olympia, Everett, and Moses Lake this September. Registration packets will be mailed to nursing directors, immunization coordinators, vaccine distribution coordinators, and hepatitis B coordinators in July. Please watch for this information and return your registration form by August 10th. If you have any questions, please call Tawney Harper at 360-236-3512 (email tawney.harper@doh.wa.gov).

National Immunization Conference Highlights

The National Immunization Conference is held every year to provide the most current information about vaccines and related issues. This year CDC has made available power point slide presentations of all the plenary and workshop session at <http://www.cdc.gov/nip/nic>.

Satellite Teleconference On Flu And Pneumonia Immunization In Nursing Homes On Aug. 24

The Centers for Medicare and Medicaid Services (CMS), formerly called Health Care Financing Administration (HCFA), will offer an interactive satellite teleconference on influenza and pneumococcal immunizations in nursing homes on August 24, 2001, from 1 p.m. to 3:30 p.m. Eastern Time.

David Satcher, MD, PhD, Surgeon General of the United States, will introduce the broadcast, which will include individual and panel discussions, as well as a live question-and-answer

session. Topics include the current disease burden and immunization rates in nursing homes, examples of outbreaks where low rates of immunization were documented, administration and reimbursement of influenza and pneumococcal vaccines, implementing standing orders programs, success stories, and federal regulations.

Continuing Medical Education is available for participants.

To register for the satellite program, go to: <http://cms.distributedclassroom.org/>

For more information contact Jackie Harley at CMS at (410) 786-7222.

For a detailed list of additional upcoming immunization and hepatitis conferences and events, visit IAC's "Calendar of Events" at: <http://www.immunize.org/calendar/>

Resources

VAERS Data set: During the week of July 30, 2001 a data set containing information from reports to the Vaccine Adverse Event Reporting System (VAERS) will be posted on the VAERS public website at www.vaers.org. This data has always been accessible under the Freedom of Information Act and also available for a fee from the National Technical Information Service. As part of current and planned enhancements to VAERS, we are facilitating the availability of this data. In accordance with federal law, the data do not contain any personal identifying information.

"State Health Facts Online": The Kaiser Family Foundation has recently launched "State Health Facts Online." It provides the latest state-level data on demographics, health, some health behaviors (e.g., smoking) and health policy, including health coverage, access, financing, and state legislation. It draws from a variety of data sources, and is very easy to use via the Web.

If you're interested, check it out via the Northwest Center for Public Health Practice's home page, at <http://healthlinks.washington.edu/nwcphp/>.

Gates Children's Vaccine Program at PATH: The **GAVI Immunization Advocacy Resource Kit** is a collection of documents, video clips, and computer presentations which have proven useful when explaining about, and advocating for, stronger immunization programs.

The online version of the Kit currently is posted on three websites. If one of them is slow to respond for you, try another!

Download from Gates Children's Vaccine Program at PATH website

<http://www.childrensvaccine.org/html/gavi-ark.htm>

Download from GAVI website

<http://vaccinealliance.org/ark/ark.html>

Download from UNICEF website

<http://www.unicef.org/gavi/resourcekit.html>

News Briefs

"Flu Vaccine Makers to Produce More Doses"

Plain Dealer (www.wabashplaindealer.com) (06/29/01) P. 4B; Mezger, Roger

The Advisory Committee on Immunization Practices, a group of experts that works with the Centers for Disease Control and Prevention to set policy, reports that flu vaccine manufacturers are expected to produce millions more doses of the vaccine this year than last year. Nevertheless, the committee says that shipping delays are still expected to occur, and it is urging that an influenza vaccination strategy be developed that gives priority to the chronically ill and the elderly. The committee is advising employers not to provide the flu vaccine to their employees until November, and it is also recommending that health departments delay their mass immunization clinics until late in the fall, in order to ensure that high-risk individuals receive the shots first. Meanwhile, two bills that have been introduced in the U.S. House of Representatives--the Influenza Vaccine Emergency Act and the Flu Vaccine Availability Act of 2001--would provide the government with greater say over how the vaccine is distributed.

"Pneumococcal Conjugate Vaccine: The Second Year and Looking Good"

Infectious Diseases in Children (www.idinchildren.com) (06/01) Vol. 14, No. 6, P. 4; Brunell, Philip A.

In a letter from the editor, Dr. Philip A Brunell, the chief medical editor of Infectious Diseases in Children, notes that since the pneumococcal conjugate vaccine (Prenar) was approved in February 2000, it has continued to perform just as researchers hoped it would. Wyeth Pharmaceutical developed Prenar, or PCV7, by combining seven of the serotypes commonly known to cause pneumococcal disease in the United States. Prior to Prenar's approval, there were an estimated 1,400 cases of meningitis in the United States every year and 16,000 cases of bacteremia in children under five years old. During early testing, the vaccine's efficacy rate proved higher than 90 percent using "per protocol" or "intention to treat" statuses for the purposes of data reporting. Based on national pneumococcal incidence statistics prior to PCV7's release, the author feels that even a decrease of 90 cases of meningitis or bacteremia would be considered a success and justifies the use of the vaccine. There does remain, however, some controversy of whether PCV7 should be given to children who are older than 24 months and not considered at high risk for the disease or who are in out-of-home care. Despite these questions, and the fact that meningitis serotypes differ in different populations and throughout the world, Brunell concludes that so far, PCV7 is "lookin' good."

"Immunization Rates Don't Affect Allergy Prevalence"

Reuters Health Information Services (www.reutershealth.com) (06/29/01)

A multinational research team led by Dr. H. Ross Anderson from St. George's Hospital Medical School in London found that increased immunization for tuberculosis; diphtheria, tetanus, and pertussis; and measles are not associated with higher rates of childhood allergy-rated or atopic illnesses. The findings counter an old theory termed the "hygiene hypothesis," which linked the drop in childhood infections due to vaccinations and improved hygiene. The two-part study analyzed immunization rates from 91 centers in 38 countries, correlating them to the prevalence of atopic illnesses in six- and seven-year-olds, and then also in 99 centers

in 41 countries and the correlation to children 13 to 14 years old. The researchers, who reported their findings in the July issue of the American Journal of Public Health, say their findings are reassuring given the vital role that mass vaccination plays in global disease prevention.

July 6, 2001

CIVIL SURGEONS PLEASE NOTE: THE U.S. IMMIGRATION AND NATURALIZATION SERVICE SUSPENDS Td IMMUNIZATION REQUIREMENT FOR IMMIGRANTS DUE TO Td SHORTAGE

CDC's Division of Quarantine (DQ) has announced an automatic waiver for the Td vaccination requirements for immigrants effective through September 30, 2001. The U.S. Immigration and Naturalization Service (INS) will issue guidance for its district and local offices, using similar guidance given last year when the influenza vaccine was delayed.

Because the INS Supplemental Form to I-693 (Adjustment of Status Applicant's Documentation of Immunization) does not have an "unavailable in country" box for vaccines, it is necessary to write "not available" on the form.

Because some INS offices might not yet be aware of the waiver, civil surgeons who encounter problems with local offices should contact DQ by fax at (404) 639-2599, Attention Visa Medical Activity.

At the end of September, the situation will be reevaluated, and if the Td shortage continues, the waiver period could be extended.

MEDSCAPE OFFERS CONTINUING MEDICAL EDUCATION FOR PHYSICIANS ON VARICELLA IMMUNIZATION

Medscape is currently offering "Varicella Immunization: Current Status and Practice," an online Continuing Medical Education (CME) opportunity for physicians. Chaired by Gregory A. Poland, MD, FACP, and presented by Philip S. LaRussa, MD, Professor of Clinical Pediatrics at Columbia University, this opportunity offers 1 hour of CME to participants who register and score at least 70 percent on the post-test and evaluation questions.

Registered Medscape users can register for this CME opportunity or view the table of contents at: <http://www.medscape.com/CMECircle/ID/2000/CME03/public/toc-CME03.html>. If you are not yet a registered user, you can register at no cost by going to: <http://www.medscape.com/>.

Influenza Vaccine Bulletin #3

July 6, 2001

The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) is publishing and distributing a periodic bulletin to update partners about recent developments related to the production, distribution and administration of influenza vaccine for the 2001-2002 influenza season. All recipients of this bulletin are encouraged to distribute each issue widely to colleagues, members and constituents.

Influenza Vaccine Supply and Production

The CDC expects some delays in availability of influenza vaccine supplies this season. However, the vaccine manufacturers project that the total influenza vaccine supply will be greater than in the last few years.

- # Projected distribution of influenza vaccine for 2001, based on aggregate manufacturers' estimates as of June 15, is 83.7 million doses, which would exceed actual distribution in 1999 and 2000. By the end of October 2001, 53.5 million doses (64 percent of the total) are projected to be distributed and 30.2 million doses (36 percent of the total) are projected to be available in November and December. By comparison, in 1999 when there was no delay, 75.8 million doses or 99 percent of the total vaccine supply was available by the end of October. Expected delays this year are not anticipated to be as great as those experienced last season. Nevertheless, officials at FDA and CDC stress that these are early projections from manufacturers and could change as the season progresses. CDC will keep you updated.

Influenza Vaccine Distribution and Administration

Supplemental influenza recommendations of the Advisory Committee on Immunization Practices will be published in CDC's Morbidity and Mortality Weekly Report (MMWR) dated July 13, 2001.

- # On the basis of current projections, the Advisory Committee on Immunization Practices (ACIP) has made supplemental influenza recommendations. Emphasis will be placed on making the initial supply of influenza vaccine available to health care providers who serve persons in high-risk categories. (See Influenza Bulletin #2 for summary). When published, these recommendations, as well as the original ACIP influenza recommendations (MMWR dated April 20, 2001), can be found at CDC's influenza vaccine website at www.cdc.gov/nip/flu.

State-specific levels of influenza vaccination coverage among persons aged 65 years of age and older were published in the June 29, 2001 MMWR (vol. 50, no. 25).

- # In 1998-99, influenza vaccination levels among older persons in each state were exceeded or were close to the 60 percent national 2000 objective. Coverage for persons ≥65 years was 67 percent. However, influenza vaccination levels may have reached a plateau, which is well below the 90 percent national objective for 2010. Racial/ethnic and socioeconomic disparities in influenza vaccination coverage continued.

The vaccination rate among high-risk children recommended for annual influenza vaccination is very low.

- # Health care providers should make sure that children at high risk of developing complications from influenza receive influenza vaccine annually. Depending on the manufacturer, influenza vaccines are approved for use in different pediatric age groups. Influenza vaccines from Wyeth Laboratories, Inc. (Flushield[®]) and Aventis Pasteur, Inc. (Fluzone[®] 7, split) are approved for use among persons aged 6 months and older. Fluvirin[®], produced by Evans Vaccine, Ltd. and distributed by GIV is labeled in the United States for use only among persons aged 4 years and older.

High-risk children who are eligible for vaccines under the Vaccines for Children (VFC) Program can receive the vaccine at no cost, though providers may be able to bill Medicaid for administrative costs or charge these fees to the parents of VFC-eligible children not enrolled in Medicaid.

- # Providers can obtain influenza vaccine through the VFC Program for their patients who qualify. VFC-eligible children can receive influenza vaccine from providers who are part of the VFC program, local health departments or community health centers. Providers interested in enrolling in the VFC Program should contact their state health department.

Influenza Vaccine Communications

As the season progresses and more information is obtained regarding influenza vaccine issues, CDC will provide that information at its website: www.cdc.gov/nip/flu

- # CDC is updating the influenza website on a frequent basis. A newly designed website should be completed in early July and will have sections for the public, providers and the media. The website will include new information for this season, ACIP recommendations and links to other sources of information on influenza.

For previous bulletins, go to www.cdc.gov/nip/flu.

New Reportable Condition: Hepatitis B Positivity during Pregnancy

Effective December 2000, HBsAg-positive status during pregnancy is a required reportable condition in Washington State. Health care providers are legally required to report HBsAg-positive pregnant women to local health departments according to Washington Administrative Code (WAC) 246-101-101 within 3 working days.

Nationally, an estimated 20,000 births occur annually to hepatitis B surface antigen (HBsAg)-positive mothers, with an estimated 350 births expected in Washington State. Only 68% of the expected births to HBsAg-positive mothers were identified in Washington State in 1999. Infants born to these mothers are at very high risk of becoming chronically infected, with 25% dying of liver disease later in life.

It is crucial that mothers are screened for HBsAg early in each pregnancy, and infants born to infected mothers are identified in order to assure that they receive appropriate post-exposure prophylaxis.

Immunoprophylaxis for infants born to infected mothers include hepatitis B immune globulin (HBIG) and 3 doses of hepatitis B vaccine, and post-vaccine testing 3-9 months later. Immunization with HBIG and hepatitis B vaccine is 95% effective in preventing hepatitis B infection in these exposed infants.

Health care providers should screen every pregnant woman early in **each** pregnancy according to CDC and American College of Obstetricians and Gynecologists (ACOG) recommendations. HBsAg testing should be repeated late in pregnancy if the woman is HBsAg negative, but at high risk of hepatitis B infection (e.g. injection drug user, infected with other sexually transmitted disease, having multiple sexual partners). *During each pregnancy that a woman is HBsAg positive, the local health department should be notified. Health care providers should also notify the delivery hospital of every HBsAg-positive mother prior to her due date so the newborn will receive appropriate post-exposure prophylaxis.*

Local health departments assure that perinatally exposed infants receive appropriate post-exposure prophylaxis, and that household members and sexual contacts are screened and vaccinated if susceptible.

Further information on hepatitis B prevention:

- Contact your local health department
- Washington State Department of Health Immunization Program
Phone: (360) 236-3595 or www.doh.wa.gov/cfh/immunize
- For more information on notifiable conditions, go to: www.doh.wa.gov/OS/Policy/246-101prp3.pdf
- Centers for Disease Control and Prevention: <http://www.cdc.gov/ncidod/diseases/hepatitis>
Immunization Action Coalition: <http://www.immunize.org>



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